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Docket No.: 03946/100J956-US1  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Joel A. Osborne

Application No.: 10/763,475

Art Unit: 3751

Filed: January 22, 2004

Examiner: T. L. Maust

For: SYRINGE BANDOLEER WITH CONTROL  
FEATURE

**AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION**

MS Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

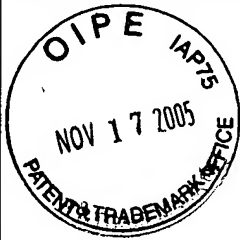
Dear Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated August 17, 2005, please amend the above-identified U.S. patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.



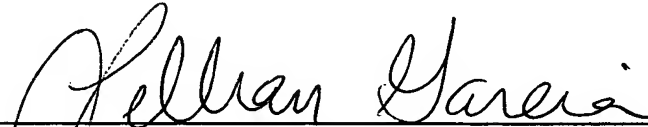

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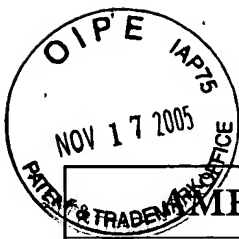
MS Non-Fee Amendment  
Commissioner for Patents  
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Alexandria, VA 22313-1450

on November 17, 2005  
Date

  
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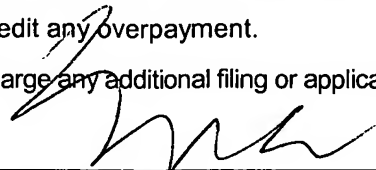
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Amendment Transmittal (1 page)  
Response to August 17, 2005 Office Action (11 pages)  
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AMENDMENT TRANSMITTAL LETTER				Docket No. 03946/100J956-US1	
Application No. 10/763,475-Conf. #6675		Filing Date January 22, 2004		Examiner T. L. Maust	
				Art Unit 3751	
Applicant(s): Joel A. Osborne					
Invention: SYRINGE BANDOLEER WITH CONTROL FEATURE					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	24	- 23 =	1	x 25.00	25.00
Independent Claims	4	- 3 =	1	x 100.00	100.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>125.00</b>
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> A check in the amount of \$ <u>125.00</u> to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Edward J. Ellis Attorney Reg. No.: 40,389  DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7700				Dated: <u>November 17, 2005</u>	

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